

GENERAL FACT SHEET

Fill-in form, tab to next field

BILL NUMBER HR-1

BRIEF TITLE

APPROVED DEADLINE

REASON

Nebraska Wesleyan University
Agreement

DETAILS

POSITIONS/RECOMMENDATIONS

<p>Agreement between the City of Lincoln on behalf of the Lincoln-Lancaster County Health Department and Nebraska Wesleyan University Department of Nursing to provide clinical training for Nebraska Wesleyan's public health nursing students at the Health Department.</p> <p>Term of Agreement - January 1, 2011 - June 30, 2014</p>	Sponsor	
	Program Departments, or Groups Affected	
	Applicants/Proponents	<p>Applicant</p> <p>City Department</p> <p>Other</p>
<p>Discussion (Including Relationship to other Council Actions)</p>	Opponents	<p>Groups or Individuals</p> <p>Basis of Opposition</p>
	Staff Recommendations	<input type="checkbox"/> For <input type="checkbox"/> Against Reason Against
	Board or Commission Recommendation	<p>BY</p> <input type="checkbox"/> For <input type="checkbox"/> Against <input type="checkbox"/> No Action Taken <input type="checkbox"/> For with revisions or conditions (See Details column for conditions)
	CITY COUNCIL ACTIONS (For Council Use Only)	<input type="checkbox"/> Pass <input type="checkbox"/> Pass (As Amended) <input type="checkbox"/> Council Sub. <input type="checkbox"/> Without Recommendation <input type="checkbox"/> Hold <input type="checkbox"/> Do not Pass

DETAILS

POLICY/PROGRAM IMPACT

	POLICY OR PROGRAM CHANGE	<input type="checkbox"/> NO <input type="checkbox"/> YES 	
	OPERATIONAL IMPACT ASSESSMENT	 	
	FINANCES		
	COST AND REVENUE PROJECTIONS	COST of total project: \$ COST of this Ordinance/ Resolution \$	
		RELATED annual operating Costs \$	
		INCREASE REVENUE EXPECTED/YEAR \$	
	SOURCE OF FUNDS	CITY [Approximately] _____ \$ _____ % _____ \$ _____ % _____ \$ _____ % _____ \$ _____ % _____ \$ _____ %	
NON CITY [Approximately] _____ \$ _____ % _____ \$ _____ % _____ \$ _____ % _____ \$ _____ % _____ \$ _____ %			
BENEFIT COST			
<input type="checkbox"/> Front Foot Average Assessment			
<input type="checkbox"/> Square Foot \$ _____ \$ _____			

APPLICABLE DATES:

FACT SHEET PREPARED BY: Judith A. Halstead, MS, Health Director

REVIEW BY:

REFERENCE NUMBER